Commonwealth of Kentucky Personnel Cabinet

Health Insurance Program Monthly Report



Prepared for:

Kentucky Group Health Insurance Board Members

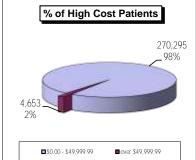
April 2015

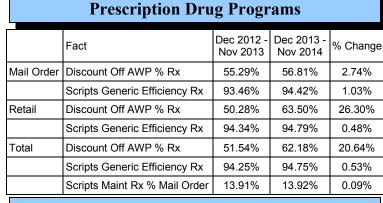
DASHBOARD REPORT: BASED ON INCURRED CLAIMS

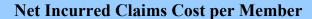
Includes Projections for Incurred, but Not Yet Reported (IBNR or CMPL)

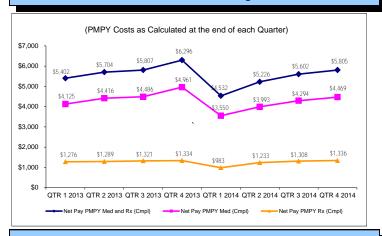
Enrollment Dec 2013 Dec 2012 -Fact % Change Nov 2014 Nov 2013 Employees Avg Med 150.919 153.888 -1.93% -1.24% Members Avg Med 264,090 267,413 0.70% Family Size Avg 1.7 1.7 37.1 37.1 -0.05% Member Age Avg

High Cost Claimants Dec 13—Nov 14

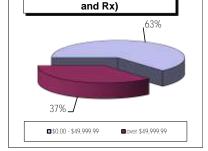




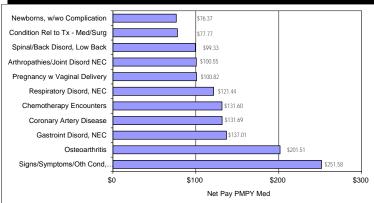




% of Total Net Payments (Med



Top 10 Clinical Conditions



Allowed Claims Costs PMPY with Norms

	Dec 2012 - Nov 2013	Dec 2013 - Nov 2014	% Change	Recent US Norm	Comp to Norm
Allow Amt PMPY Med (Cmpl)	\$5,068.16	\$4,926.26	-3%	\$4,409.08	10.50%
Allow Amt PMPY IP Acute (Cmpl)	\$1,416.98	\$1,413.76	0%	N/A	N/A
Allow Amt PMPY OP Med (Cmpl)	\$3,625.25	\$3,486.94	-4%	\$3,063.31	12.15%
Allow Amt PMPY OP Fac Med (Cmpl)	\$2,014.10	\$1,941.57	-4%	N/A	N/A
Allow Amt PMPY Office Med (Cmpl)	\$964.43	\$891.72	-8%	N/A	N/A
Allow Amt PMPY OP Lab (Cmpl)	\$344.81	\$334.85	-3%	N/A	N/A
Allow Amt PMPY OP Rad (Cmpl)	\$545.71	\$504.79	-8%	N/A	N/A
Out of Pocket PMPY Med (Cmpl)	\$546.46	\$741.65	36%	\$581.38	21.61%
Allow Amt PMPY Rx (Cmpl)	\$1,574.47	\$1,516.73	-4%	\$1,084.02	28.53%
Out of Pocket PMPY Rx (Cmpl)	\$279.22	\$286.34	3%	\$0.00	N/A

Cost Drivers Support

Fact	t	Dec 2012 - Nov 2013	Dec 2013 - Nov 2014	% Change
	w Amt Per Day n Acute	\$4,443.73	\$4,602.36	3.57%
Day Acu	s Per 1000 Adm te	312.60	296.96	-5.00%
	w Amt Per Visit Fac Med	\$1,061.65	\$1,129.61	6.40%
	s Per 1000 OP Med	1,897.15	1,711.21	-9.80%
	w Amt Per Visit ce Med	\$117.00	\$118.93	1.65%
	is Per 1000 ce Med	8,243.26	7,459.55	-9.51%
	w Amt Per Day ply Rx	\$2.71	\$2.68	-0.91%
Day Rx	s Supply PMPY	581.08	564.93	-2.78%

Cost Drivers—Utilization and Price Trends

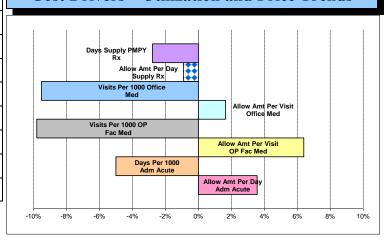


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Introduction

The Department of Employee Insurance (DEI) is pleased to provide an analysis of the Kentucky Employees' Health Plan. In response to requests for data analysis, this report has been prepared to provide information related to enrollment, claims payment, and utilization.

It is the Department's intent to update this information on a monthly basis in an effort to provide current information about Kentucky's Health Insurance Program.

Overview

This report is compiled using Medstat, which is DEI's health insurance information management system. Medstat warehouses enrollment and claims data. Enrollment data is provided by DEI while claims data is provided by each carrier and/or TPA.

Claims information may be analyzed by either "incurred" or "paid" dates. "Incurred" reports specify paid amounts for claims that were incurred in a specified timeframe. Due to the lag time in submittal and payment of claims, historical reports that are based on incurred claims may change significantly with each new database update since additional incurred claims will be added. "Paid" claims reports specify the paid amount for claims regardless of when the claims may have been incurred. Unless otherwise specified, data contained in this report are based on "incurred" claims.

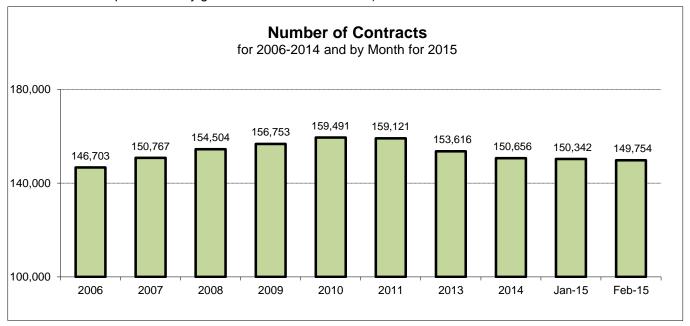
Enrollment in the KEHP changes on a daily basis due to a variety of reasons such as: new hires, adding dependents, dropping dependents, marriage, divorce, becoming Medicare eligible, etc. Therefore, Medstat is dealing with a fluid enrollment base. Also, each carrier processes claims slightly differently. During 2012 Medstat processed enrollment information for a total of 270,404 members as well as 8,891,904 claims (3,894,285 Medical claims and 4,997,619 prescriptions) from different carriers. When dealing with such large numbers it is impossible to tag every claim to a corresponding group, carrier, service type, etc. While the tagging rate for the KEHP data exceeds 99%, you may still see information on reports stated as "~Missing". This indicates any enrollment or claims that could not be "tagged" by Medstat.

Definitions

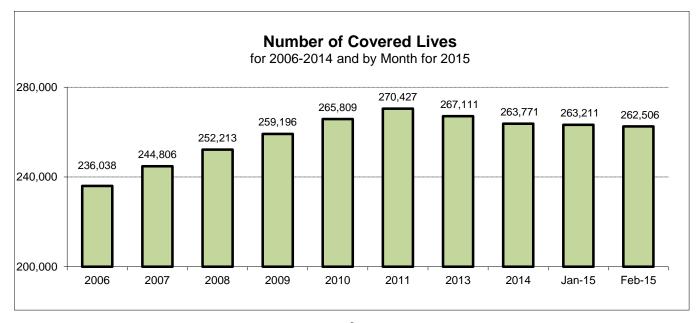
- *Employee* represents an individual eligible to participate in KEHP as a retiree in either KTRS or KRS, or by being employed by one of the agencies that participate with KEHP (example: state employee, school boards, Quasi agency, etc.). Employee may also be referred to as "planholder" or "contracts". Please note that Medstat deals with Cross-reference plans uniquely. Although there are in fact two "employees" Medstat can only designate the planholder as an employee. Therefore, the cross-referenced spouse is considered a dependent and all claims and utilization data related to them is counted as a "member".
- **Member** includes all employees plus any dependents that are covered through the KEHP. Members may also be referred to as "covered lives".
- *Group* is Kentucky Retirement System (KRS), Kentucky Teachers Retirement System (KTRS), State Employees, School Boards, or Other (includes: COBRA, Health Departments, KCTCS, Quasi/Local Governments).
- **Plan** is CW Standard PPO, CW Capitol Choice, CW Optimum PPO, CW Maximum Choice, Standard PPO, Standard CDHP, LivingWell PPO and LivingWell CDHP
- **Carrier** is claims listed by carrier. (Please note that Express Scripts data is designated as Humana and CVS is designated as Anthem).
- **Generic Efficiency** means the number of prescriptions that are filled with a generic product as a percentage of the total number of prescriptions where a generic is available.
- **OOP** is the amount paid out-of-pocket by the member for facility, professional, and prescription drug services. This generally includes coinsurance, co-payment, and deductible amounts.
- Allowed Amount is the amount of submitted charges eligible for payment for all claims. It is the amount eligible
 after applying pricing guidelines, but before deducting third party, co-payment, coinsurance, or deductible
 amounts.
- **Net Payment** is the net amount paid for all claims. It represents the amount after all pricing guidelines have been applied, and all third party, co-payment, coinsurance, and deductible amounts have been subtracted.
- Patients is the unique count of members who received facility, professional, or pharmacy services.
- **Days Supply** is the number of days for which drugs were supplied for prescriptions filled. It represents the number of days of drug therapy covered by a prescription.
- *Mail Order* is computed as any script filled with a "days supply" of more than 30 days, regardless of the physical location where the prescription was filled.
- **Retail** is computed as any script filled with a "days supply" of 30 days or less, regardless of the physical location where the prescription was filled.

Enrollment

The following chart shows planholder enrollment (contracts) for 2006-2014 and monthly year-to-date for 2015. Enrollment will fluctuate on a monthly basis (Approximately 8,000 cross-referenced spouses in any given month are not included)

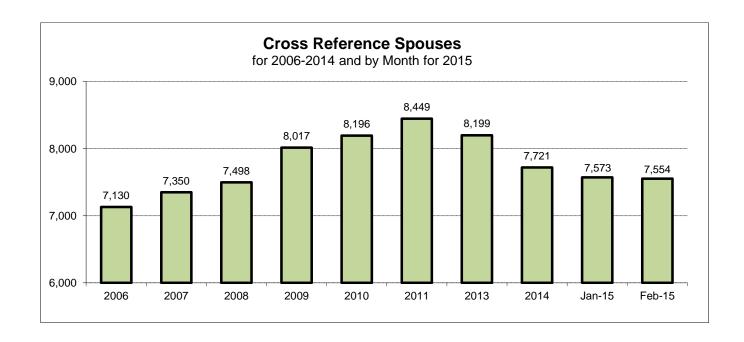


The following chart shows member enrollment (covered lives) for 2006-2014 and monthly year-to-date for 2015. Enrollment will fluctuate on a monthly basis.



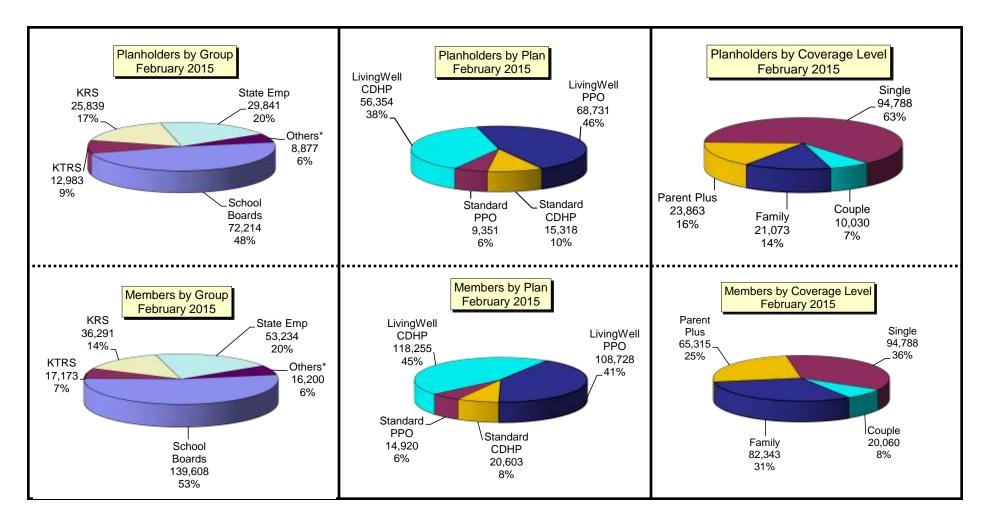
Enrollment (continued)

The following graph shows the number of cross-reference spouses for 2006-2014 and monthly year-to-date for 2015. The number of Cross Referenced Spouses will fluctuate on a monthly basis.



Enrollment (continued)

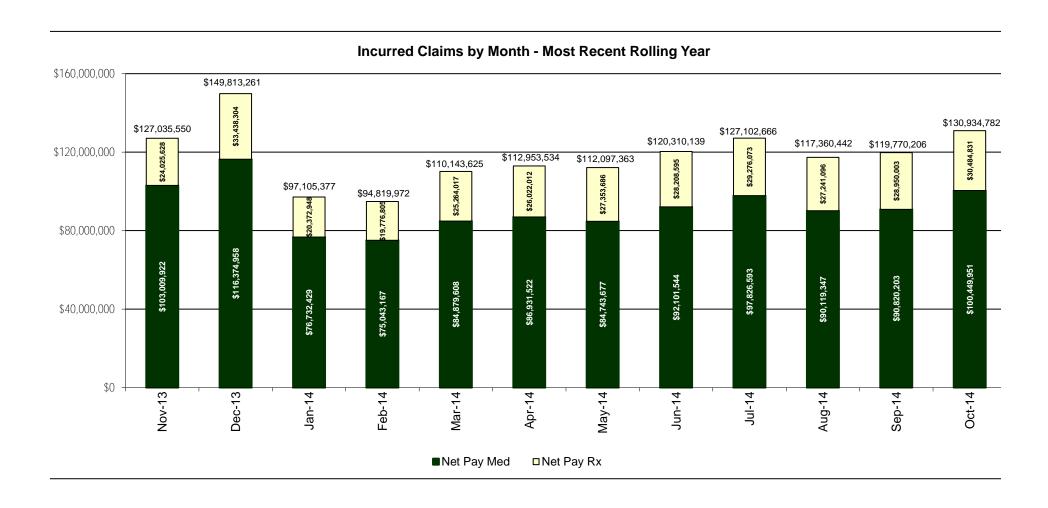
The following charts show Planholder and Member enrollment by group, plan, and coverage level.



^{*} Others include Cobra, Health Departments, KCTCS, Quasi/Local Governments, or Missing (unable to determine group).

Claims Costs

Claims costs include Medical and Prescription (Rx) for the most recent rolling year. Based on Incurred Claims.



Claims Costs (continued)

The following tables represent incurred claims by Group for 2006 - 2013 and monthly year-to-date for 2014

INCURRED MEDICAL CLAIMS (no Rx) by Group:

	School Boards	KTRS	KRS	State Employees	Others*	Totals
2006	\$307,404,829	\$93,874,833	\$147,000,881	\$151,118,572	\$48,943,683	\$748,342,797
2007	\$335,233,747	\$96,138,953	\$156,119,263	\$147,816,830	\$50,969,860	\$786,278,653
2008	\$402,843,851	\$109,319,917	\$194,688,095	\$178,641,561	\$64,333,716	\$949,827,140
2009	\$427,644,878	\$123,944,338	\$220,434,791	\$177,195,445	\$68,628,440	\$1,017,847,892
2010	\$467,251,898	\$134,399,726	\$218,395,487	\$193,151,301	\$79,182,411	\$1,092,380,824
2011	\$475,939,979	\$137,632,074	\$239,407,280	\$200,932,917	\$80,536,373	\$1,134,448,624
2012	\$507,676,823	\$138,120,292	\$243,192,854	\$206,817,211	\$90,077,962	\$1,185,885,143
2013	\$523,944,349	\$134,448,328	\$232,256,346	\$214,238,828	\$96,176,272	\$1,201,064,123
Jan 2014	\$31,396,832	\$8,234,525	\$16,106,375	\$14,457,183	\$6,463,535	\$76,658,451
Feb 2014	\$29,893,334	\$8,480,298	\$15,115,530	\$14,898,877	\$6,654,995	\$75,043,034
Mar 2014	\$35,364,869	\$9,498,925	\$16,408,396	\$16,830,228	\$6,531,494	\$84,633,912
Apr 2014	\$37,344,889	\$9,829,898	\$17,012,162	\$16,088,940	\$6,677,025	\$86,952,914
May 2014	\$35,535,531	\$10,055,966	\$17,375,658	\$14,712,282	\$7,262,824	\$84,942,262
Jun 2014	\$43,201,932	\$9,568,908	\$16,113,890	\$15,133,514	\$8,249,321	\$92,267,564
Jul 2014	\$45,683,714	\$10,386,408	\$17,757,697	\$16,460,170	\$7,677,513	\$97,965,501
Aug 2014	\$36,627,495	\$10,667,887	\$18,432,896	\$17,504,077	\$7,333,492	\$90,565,846
Sep 2014	\$35,729,803	\$10,396,591	\$20,055,874	\$17,349,409	\$7,605,347	\$91,137,025
Oct 2014	\$42,854,749	\$11,466,981	\$21,078,258	\$18,728,987	\$7,826,641	\$101,955,617
Nov 2014	\$37,855,692	\$9,817,533	\$17,720,095	\$16,874,204	\$7,104,452	\$89,371,976

^{*} Others include Cobra, Health Departments, KCTCS, Quasi/Local Governments, or Missing (unable to determine group).

Claims Costs (continued)

The following tables represent incurred claims by Group for 2006 - 2013 and monthly year-to-date for 2014.

INCURRED Rx CLAIMS (no Med) by Group:

	School Boards	KTRS	KRS	State Employees	Others*	Totals
2006	\$92,676,509	\$35,017,335	\$53,095,577	\$42,857,791	\$13,481,498	\$237,128,711
2007	\$102,883,195	\$37,889,011	\$61,585,393	\$46,102,562	\$15,361,507	\$263,821,668
2008	\$114,318,657	\$42,211,258	\$72,457,449	\$51,523,178	\$17,638,869	\$298,149,411
2009	\$119,002,425	\$45,308,689	\$82,234,684	\$50,881,577	\$18,339,245	\$315,766,619
2010	\$129,624,203	\$49,399,459	\$89,783,758	\$55,125,407	\$21,022,918	\$344,955,745
2011	\$126,659,101	\$48,675,489	\$92,082,668	\$54,232,323	\$20,434,256	\$342,083,837
2012	\$133,983,235	\$50,751,278	\$88,781,373	\$58,571,309	\$21,662,461	\$353,749,655
2013	\$138,504,534	\$50,460,346	\$77,587,643	\$59,645,514	\$22,353,720	\$348,551,757
Jan 2014	\$8,121,448	\$2,625,819	\$5,013,692	\$3,363,821	\$1,253,658	\$20,378,437
Feb 2014	\$7,944,546	\$2,463,778	\$4,727,919	\$3,304,080	\$1,341,634	\$19,781,957
Mar 2014	\$10,135,487	\$3,246,419	\$6,135,839	\$4,191,543	\$1,561,471	\$25,270,758
Apr 2014	\$10,559,963	\$3,234,963	\$5,938,335	\$4,583,420	\$1,707,324	\$26,024,005
May 2014	\$11,202,306	\$3,494,154	\$6,127,999	\$4,605,815	\$1,926,822	\$27,357,096
Jun 2014	\$11,688,131	\$3,721,396	\$6,254,784	\$4,761,335	\$1,785,912	\$28,211,558
Jul 2014	\$11,739,266	\$3,994,442	\$6,544,764	\$5,176,348	\$1,826,945	\$29,281,764
Aug 2014	\$11,007,141	\$3,628,123	\$6,091,602	\$4,734,302	\$1,786,444	\$27,247,613
Sep 2014	\$11,461,520	\$4,078,708	\$6,570,893	\$5,032,902	\$1,810,810	\$28,954,833
Oct 2014	\$12,278,572	\$4,158,569	\$6,914,679	\$5,236,119	\$1,921,699	\$30,509,638
Nov 2014	\$11,193,741	\$3,875,427	\$6,114,576	\$5,053,975	\$1,755,392	\$27,993,111

^{*} Others include Cobra, Health Departments, KCTCS, Quasi/Local Governments, or Missing (unable to determine group).

<u>Claims Costs</u> (continued)
The following tables represent incurred claims by Plan for 2009-2013 and monthly year-to-date for 2014.

INCURRED MEDICAL CLAIMS (no Rx) by PLAN:

Time Period	Capitol Choice	Maximum Choice	Optimum PPO	CW Standard PPO	Standard PPO	Standard CDHP	LivingWell PPO	LivingWell CDHP	Missing*	Total
2009	\$115,052,390	\$44,250,277	\$839,555,872	\$14,550,862					\$4,290,752	\$1,017,847,892
2010	\$120,801,466	\$56,099,090	\$893,370,461	\$15,244,745					\$6,865,062	\$1,092,380,824
2011	\$145,752,975	\$71,531,690	\$872,004,689	\$39,637,013					\$5,522,257	\$1,134,448,624
2012	\$159,417,555	\$75,623,996	\$887,287,625	\$53,531,674	(\$83)	(\$1,306)	(\$277)	\$0	\$10,025,959	\$1,185,887,155
2013	\$157,471,922	\$78,548,445	\$876,181,414	\$64,888,702	\$132,233	\$74,637	\$561,450	\$736,160	\$22,469,160	\$1,201,066,136
Jan-14	\$1,198	\$529	\$75,775	\$15,221	\$3,719,559	\$4,034,799	\$44,350,068	\$22,535,012	\$1,926,290	\$76,700,091
Feb-14	\$0	\$0	\$0	\$0	\$4,296,021	\$2,943,338	\$42,907,833	\$23,213,067	\$1,682,775	\$75,084,705
Mar-14	\$0	\$0	\$0	\$0	\$4,151,931	\$3,340,158	\$47,872,877	\$27,673,182	\$1,595,763	\$84,675,611
Apr-14	\$0	\$0	\$0	\$0	\$4,927,192	\$3,679,651	\$48,762,428	\$28,333,047	\$1,250,596	\$86,994,644
May-14	\$0	\$0	\$0	\$0	\$4,322,031	\$3,211,747	\$48,074,061	\$27,744,254	\$1,590,169	\$84,984,022
Jun-14	\$0	\$0	\$0	\$0	\$4,478,446	\$3,993,454	\$50,377,592	\$31,875,012	\$1,543,060	\$92,309,355
Jul-14	\$0	\$0	\$0	\$0	\$5,052,015	\$3,697,778	\$52,514,342	\$34,958,957	\$1,742,410	\$98,007,322
Aug-14	\$0	\$0	\$0	\$0	\$5,188,859	\$3,667,554	\$48,035,939	\$31,963,889	\$1,709,605	\$90,607,698
Sep-14	\$0	\$0	\$0	\$0	\$5,051,832	\$3,793,678	\$49,320,894	\$31,402,795	\$1,567,826	\$91,178,908
Oct-14	\$0	\$0	\$0	\$0	\$5,148,688	\$4,233,554	\$55,652,263	\$35,381,957	\$1,539,155	\$101,997,530
Nov-14	\$0	\$0	\$0	\$0	\$5,035,994	\$3,897,463	\$46,784,951	\$32,610,182	\$1,043,385	\$89,413,920

^{*}Missing means the claims could not be tagged to a specific plan.

<u>Claims Costs</u> (continued)
The following tables represent incurred claims by Plan for 2006-2013 and monthly year-to-date for 2014.

INCURRED Rx CLAIMS (no Med) by PLAN:

Time Period	Capitol Choice	Maximum Choice	Optimum PPO	CW Standard PPO	Standard PPO	Standard CDHP	LivingWell PPO	LivingWell CDHP	Missing*	Total
2009	\$35,845,894	\$7,804,096	\$267,798,635	\$3,632,729					\$627,662	\$315,766,619
2010	\$37,400,953	\$10,541,054	\$292,411,029	\$3,839,193					\$763,517	\$344,955,745
2011	\$44,303,915	\$13,658,792	\$275,615,919	\$8,069,769					\$435,441	\$342,083,836
2012	\$47,436,530	\$14,365,504	\$280,632,242	\$10,764,645					\$550,735	\$353,749,655
2013	\$45,899,116	\$15,357,256	\$273,140,402	\$14,035,184	\$1,173	\$12,312	\$68,948	\$9,615	\$27,750	\$348,551,757
Jan-14	\$3,300	\$219	\$31,701	\$3,042	\$1,325,491	\$138,845	\$16,585,526	\$2,262,687	\$27,627	\$20,378,437
Feb-14	\$0	\$0	\$0	\$0	\$1,316,277	\$218,330	\$14,537,102	\$3,682,623	\$27,626	\$19,781,957
Mar-14	\$0	\$0	\$0	\$0	\$1,351,713	\$380,922	\$18,666,491	\$4,798,780	\$72,852	\$25,270,758
Apr-14	\$0	\$0	\$0	\$0	\$1,455,910	\$400,779	\$18,258,752	\$5,853,864	\$54,700	\$26,024,005
May-14	\$0	\$0	\$0	\$0	\$1,502,806	\$521,151	\$18,543,363	\$6,755,346	\$34,430	\$27,357,096
Jun-14	\$0	\$0	\$0	\$0	\$1,416,644	\$490,895	\$18,905,225	\$7,367,119	\$31,675	\$28,211,558
Jul-14	\$0	\$0	\$0	\$0	\$1,566,571	\$549,598	\$18,918,344	\$8,223,183	\$24,068	\$29,281,764
Aug-14	\$0	\$0	\$0	\$0	\$1,514,060	\$507,980	\$17,579,921	\$7,626,140	\$19,512	\$27,247,613
Sep-14	\$0	\$0	\$0	\$0	\$1,607,131	\$537,133	\$18,358,854	\$8,428,933	\$22,782	\$28,954,833
Oct-14	\$0	\$0	\$0	\$0	\$1,566,990	\$833,490	\$19,113,976	\$8,972,516	\$22,666	\$30,509,638
Nov-14	\$0	\$0	\$0	\$0	\$1,533,061	\$566,578	\$17,242,587	\$8,620,126	\$30,759	\$27,993,111

^{*}Missing means the claims could not be tagged to a specific plan.

Claims Costs (continued)

The following represents incurred medical claims only (does not include Rx) by Coverage Level for 2006-2013 and monthly year-to-date for 2014.

INCURRED MEDICAL CLAIMS (no Rx) by Coverage Level:

Time Period	Couple	Family	Parent Plus	Single	Unknown*	Total
2006	\$105,900,696	\$142,637,212	\$104,245,315	\$391,585,566	\$3,974,007	\$748,342,797
2007	\$123,989,294	\$160,349,021	\$118,430,067	\$447,682,122	\$3,721,482	\$854,171,987
2008	\$138,340,738	\$179,204,916	\$138,984,028	\$489,769,922	\$3,527,536	\$949,827,140
2009	\$148,834,766	\$197,496,335	\$148,195,132	\$519,153,082	\$4,168,576	\$1,017,847,892
2010	\$161,490,560	\$207,327,688	\$168,831,673	\$547,945,617	\$6,785,286	\$1,092,380,824
2012	\$159,857,135	\$246,980,151	\$194,205,737	\$574,933,526	\$9,908,595	\$1,185,885,143
2013	\$145,584,973	\$250,770,253	\$205,905,527	\$583,311,968	\$15,491,402	\$1,201,064,123
Jan 2014	\$9,208,415	\$15,747,465	\$12,653,018	\$37,697,727	\$1,351,826	\$76,658,451
Feb 2014	\$9,053,698	\$14,637,672	\$14,034,660	\$36,268,326	\$1,048,678	\$75,043,034
Mar 2014	\$10,901,484	\$16,558,093	\$14,640,688	\$41,455,012	\$1,078,635	\$84,633,912
Apr 2014	\$10,635,281	\$17,459,703	\$14,631,568	\$43,441,446	\$784,918	\$86,952,914
May 2014	\$10,304,592	\$17,882,228	\$14,021,278	\$41,782,475	\$951,689	\$84,942,262
Jun 2014	\$10,775,295	\$19,162,684	\$15,695,245	\$45,638,401	\$995,940	\$92,267,564
Jul 2014	\$10,805,183	\$22,113,964	\$16,866,143	\$46,982,711	\$1,197,501	\$97,965,501
Aug 2014	\$10,819,490	\$20,543,383	\$14,451,582	\$43,536,803	\$1,214,589	\$90,565,846
Sep 2014	\$11,914,081	\$20,042,117	\$14,476,086	\$43,675,275	\$1,029,465	\$91,137,025
Oct 2014	\$12,379,527	\$23,360,727	\$15,752,700	\$49,473,086	\$989,576	\$101,955,617
Nov 2014	\$10,907,946	\$21,395,766	\$14,316,649	\$42,161,625	\$589,991	\$89,371,976

^{*}Unable to tag claims to a specific coverage level

Claims Costs (continued)

The following represents incurred RX claims only (does not include medical) by Coverage Level for 2006-2013 and monthly year-to-date for 2014.

INCURRED Rx CLAIMS (no Med) by Coverage Level:

Time Period	Couple	Family	Parent Plus	Single	Unknown*	Total
2006	\$38,228,159	\$43,809,856	\$25,948,520	\$128,164,514	\$977,662	\$237,128,711
2007	\$42,590,719	\$49,329,230	\$29,736,616	\$141,680,238	\$484,865	\$263,821,668
2008	\$48,563,951	\$54,628,661	\$34,879,637	\$159,504,290	\$572,873	\$298,149,411
2009	\$51,545,047	\$59,726,568	\$37,315,867	\$166,599,775	\$579,363	\$315,766,619
2010	\$57,195,759	\$64,920,207	\$41,129,813	\$180,993,674	\$716,292	\$344,955,745
2011	\$55,944,577	\$66,704,498	\$43,290,721	\$175,791,341	\$352,568	\$342,083,705
2012	\$54,761,601	\$70,977,857	\$47,935,017	\$179,708,356	\$366,823	\$353,749,655
2013	\$50,195,845	\$72,147,472	\$51,157,406	\$175,093,496	-\$42,462	\$348,551,757
Jan-14	\$2,806,216	\$3,715,877	\$2,935,929	\$10,894,712	\$25,703	\$20,378,437
Feb-14	\$2,639,252	\$3,983,598	\$2,821,048	\$10,314,275	\$23,785	\$19,781,957
Mar-14	\$3,732,661	\$4,978,192	\$3,567,534	\$12,920,659	\$71,712	\$25,270,758
Apr-14	\$3,701,120	\$5,472,879	\$3,411,810	\$13,385,531	\$52,667	\$26,024,005
May-14	\$3,946,324	\$5,734,311	\$3,735,647	\$13,907,260	\$33,554	\$27,357,096
Jun-14	\$4,113,737	\$5,771,516	\$3,907,672	\$14,393,885	\$24,748	\$28,211,558
Jul-14	\$4,101,283	\$6,237,136	\$3,898,198	\$15,023,099	\$22,049	\$29,281,764
Aug-14	\$3,759,287	\$6,014,029	\$3,768,140	\$13,692,282	\$13,875	\$27,247,613
Sep-14	\$4,131,200	\$6,043,716	\$4,099,781	\$14,659,956	\$20,180	\$28,954,833
Oct-14	\$4,191,520	\$6,394,445	\$4,487,388	\$15,420,948	\$15,336	\$30,509,638
Nov-14	\$3,784,420	\$6,070,941	\$3,972,165	\$14,137,440	\$28,144	\$27,993,111

^{*}Unable to tag claims to a specific coverage level

Medical Claims Utilization

The following is based on medical claims* (does not include Rx) incurred for January—November 2014.

Commonwealth Plan	Admits Per 1000 Acute	Admits Per 1000 Acute Rcnt Sgovt	%Diff from {Rcnt SGovt}		Acute	%Diff from	Days Per 1000 Adm Acute		%Diff from Rcnt Sgovt
LivingWell CDHP	60.46	57.38	5.38%	3.85	4.74	-18.78%	232.56	235.30	-1.16%
LivingWell PPO	72.35	61.43	17.77%	4.32	5.26	-18.02%	312.23	262.85	18.79%
Standard CDHP	46.51	58.72	-20.80%	4.63	5.44	-14.93%	215.21	243.76	-11.71%
Standard PPO	64.23	62.20	3.26%	4.66	5.86	-20.38%	299.50	268.77	11.44%
Average	65.18	59.65	9.27%	4.18	5.11	-18.28%	272.36	250.76	8.61%

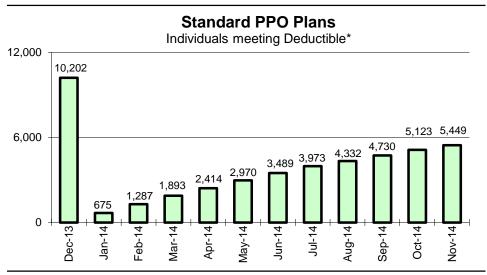
Commonwealth Plan	Visits Per 1000 Office Med	Visits Per 1000 Office Med Rcnt Sgovt	%Diff from Rcnt SGovt	Visits Per 1000 ER	Visits Per 1000 ER Rcnt Sgovt	%Diff from Rcnt Sgovt
LivingWell CDHP	6,832.51	7,126.12	-4.12%	190.33	232.33	-18.08%
LivingWell PPO	8,287.62	7,902.47	4.87%	235.90	233.52	1.02%
Standard CDHP	4,024.51	7,385.99	-45.51%	197.03	232.59	-15.29%
Standard PPO	5,652.86	7,799.32	-27.52%	215.58	232.04	-7.09%
Average	7,226.42	7,546.39	-4.24%	213.47	232.88	-8.33%

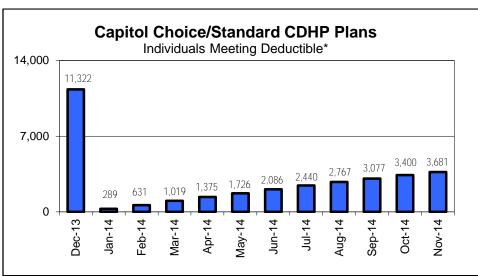
Commonwealth Plan	Svcs Per 1000 OP Lab	Svcs Per 1000 OP Lab Rcnt US	%Diff from Rcnt US	Svcs Per 1000 OP Rad	Svcs Per 1000 OP Rad Rcnt US	%Diff from Rcnt US
LivingWell CDHP	8,274.57	7,428.20	11.39%	2,248.93	1,956.43	14.95%
LivingWell PPO	12,106.59	8,600.98	40.76%	3,097.17	2,428.63	27.53%
Standard CDHP	6,326.24	8,302.05	-23.80%	1,710.98	2,189.87	-21.87%
Standard PPO	8,488.26	8,609.49	-1.41%	2,275.13	2,360.84	-3.63%
Average	9,917.51	8,108.41	22.31%	2,603.53	2,217.20	17.42%

^{*}Services are tracked by each service, not by each visit. Therefore, if two laboratory services are performed at one visit, it will count as two services.

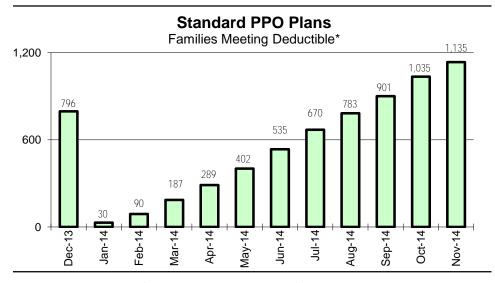
Analysis of Individuals and Families Meeting Their Deductibles

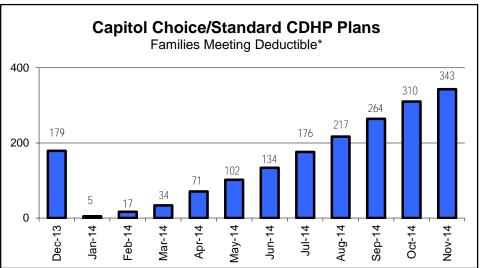
The following details the number of individuals and families by plan that met their deductible for the latest rolling year. This report is based on incurred claims.





* 2013 Individual Deductible is \$615; 2014 Individual Deductible is \$1,750





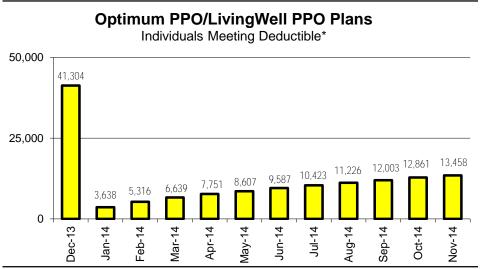
* 2013 Family Deductible is \$1,850; 2013 Family Deductible is \$3,500

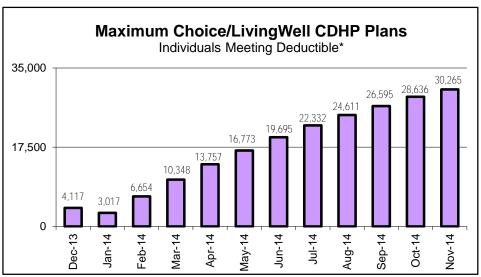
^{* 2013} Individual Deductible is \$600; 2014 Individual Deductible is \$750

^{* 2013} Family Deductible is \$1,800; 2014 Family Deductible is \$1,500

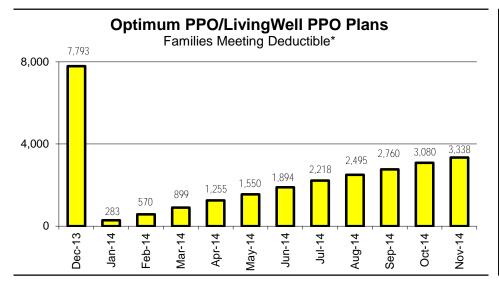
Analysis of Individuals and Families Meeting Their Deductibles (continued)

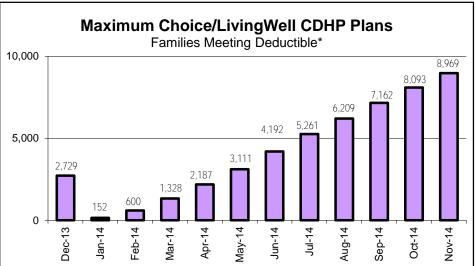
The following details the number of individuals and families by plan that met their deductible for the latest rolling year. This report is based on incurred claims.





* 2013 Individual Deductible is \$2,450; 2014 Individual Deductible is \$1,250





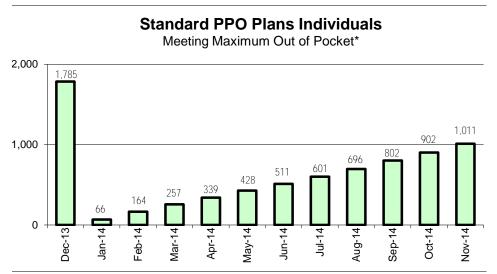
* 2013 Family Deductible is \$3,650; 2014 Family Deductible is \$2,500

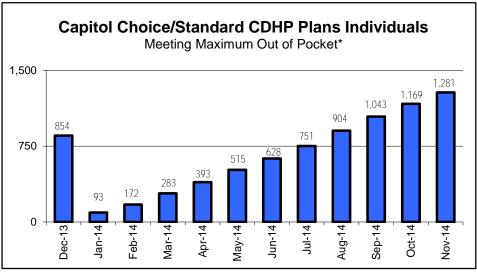
^{* 2013} Individual Deductible is \$370; 2014 Individual Deductible is \$500

^{* 2013} Family Deductible is \$740; 2014 Family Deductible is \$1,000

Analysis of Individuals and Families Meeting Their Maximum Out of Pocket Expenses (continued)

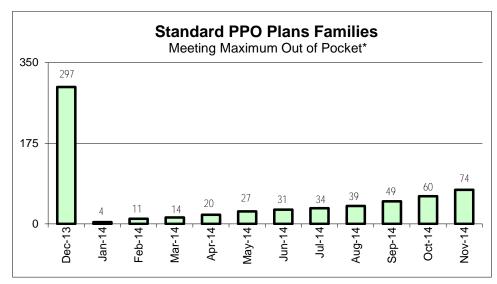
The following details the number of individuals and families by plan that met their maximum out of pocket expense for the latest rolling year. This report is based on incurred claims.

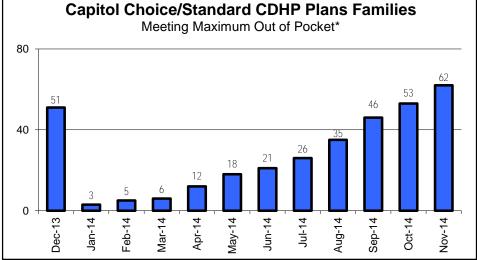




^{* 2013} Individual Maximum Out of Pocket is \$3,000; 2014 Individual Maximum Out of Pocket is \$3,500

* 2013 Individual Maximum Out of Pocket is \$2,470; 2014 Individual Maximum Out of Pocket is \$3,500



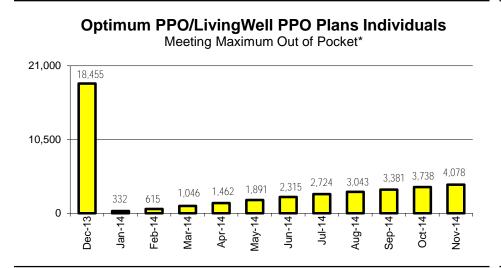


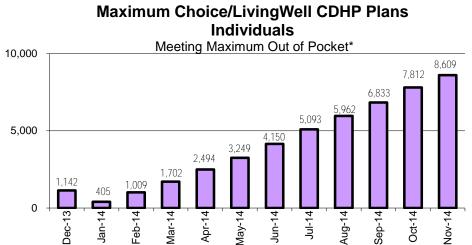
* 2013 Family Maximum Out of Pocket is \$7,400; 2014 Family Maximum Out of Pocket is \$7,000

^{* 2013} Family Maximum Out of Pocket is \$6,000; 2014 Maximum Out of Pocket is \$7,000

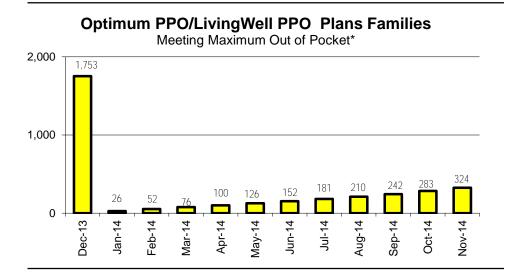
Analysis of Individuals and Families Meeting Their Maximum Out of Pocket Expenses (continued)

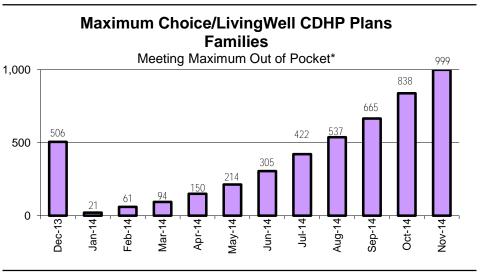
The following details the number of individuals and families by plan that met their maximum out of pocket expense for the latest rolling year. This report is based on incurred claims.





* 2013 Individual Maximum Out of Pocket is \$3,700; 2014 Individual Max Out of Pocket is \$2,500





^{* 2013} Individual Maximum Out of Pocket is \$1,390; 2014 Maximum Out of Pocket is \$2,500

^{* 2013} Family Maximum Out of Pocket is \$2,780; 2014 Family Maximum Out of Pocket is \$5,000

^{* 2012} Family Maximum Out of Pocket is \$5,280; 2013 Family Maximum Out of Pocket is \$5,000

Historical Analysis of Individuals and Families Meeting Their Deductibles and Maximum Out of Pocket Expenses (continued)

The following details the number of individuals and families by plan that met their deductibles and/or maximum out of pocket (MOOP) expense for the years 2006-2014 This report is based on incurred claims.

Indiv	Individuals and Families in Essential (2006-08) and CW Standard PPO (2009-13) and Standard PPO (2014—)										
			Indiv	/iduals			Fam	ilies			
Plan year	Plan Name	Deductible	Percent Meeting Deductible	Max Out of Pocket	Percent Meeting MOOP	Deductible	Percent Meeting Deductible	Max Out of Pocket	Percent Meeting MOOP		
2006	Essential	\$750	22.14%	\$3,500	2.96%	\$1,500	16.35%	\$7,000	1.08%		
2007	Essential	\$750	22.41%	\$3,500	3.30%	\$1,500	17.70%	\$7,000	1.16%		
2008	Essential	\$750	24.25%	\$3,500	4.01%	\$1,500	19.35%	\$7,000	1.51%		
2009	CW Standard PPO	\$750	32.06%	\$3,500	5.85%	\$1,500	8.74%	\$7,000	1.14%		
2010	CW Standard PPO	\$500	38.12%	\$3,500	4.81%	\$1,500	3.61%	\$7,000	0.73%		
2011	CW Standard PPO	\$500	39.40%	\$3,500	4.55%	\$1,500	3.99%	\$7,000	0.56%		
2012	CW Standard PPO	\$500	40.49%	\$3,500	4.80%	\$1,500	4.98%	\$7,000	0.77%		
2013	CW Standard PPO	\$600	36.86%	\$3,000	6.45%	\$1,800	4.35%	\$6,000	1.62%		
2014	Standard PPO	\$750	32.57%	\$3,500	6.04%	\$1,500	9.70%	\$7,000	0.63%		

Indi	Individuals and Families in Enhanced (2006-08) and Capitol Choice (2009-13) and Standard CDHP (2014—)										
		Individuals				Families					
Plan year	Plan Name	Deductible	Percent Meeting Deductible	Max Out of Pocket	Percent Meeting MOOP	Deductible	Percent Meeting Deductible	Max Out of Pocket	Percent Meeting MOOP		
2006	Enhanced	\$250	21.52%	\$1,250	5.80%	\$500	9.95%	\$2,500	0.94%		
2007	Enhanced	\$250	21.31%	\$1,250	7.48%	\$500	8.93%	\$2,500	1.00%		
2008	Enhanced	\$250	21.95%	\$1,250	8.11%	\$500	9.06%	\$2,500	1.20%		
2009	Capitol Choice	\$500	27.85%	\$2,000	1.86%	\$1,500	0.59%	\$6,000	0.01%		
2010	Capitol Choice	\$500	25.19%	\$2,000	1.84%	\$1,500	0.49%	\$6,000	0.01%		
2011	Capitol Choice	\$575	24.93%	\$2,300	1.61%	\$1,725	0.45%	\$6,900	0.01%		
2012	Capitol Choice	\$600	25.70%	\$2,400	1.46%	\$1,800	0.55%	\$7,000	0.01%		
2013	Capitol Choice	\$615	25.18%	\$2,470	1.90%	\$1,850	0.52%	\$7,400	0.15%		
2014	Standard CDHP	\$1,750	19.23%	\$3,500	7.30%	\$3,500	1.95%	\$7,000	0.35%		

Historical Analysis of Individuals and Families Meeting Their Deductibles and Maximum Out of Pocket Expenses (continued)

The following details the number of individuals and families by plan that met their deductibles and/or maximum out of pocket expense for the years 2006-2014 This report is based on incurred claims.

Ind	Individuals and Families in Premier (2006-08) and Optimum PPO (2009-13) and LivingWell PPO (2014—)										
	Individuals Families										
Plan year	Plan Name	Deductible	Percent Meeting Deductible	Max Out of Pocket	Percent Meeting MOOP	Deductible	Percent Meeting Deductible	Max Out of Pocket	Percent Meeting MOOP		
2006	Premier	\$250	30.15%	\$1,000	6.70%	\$500	9.95%	\$2,000	1.17%		
2007	Premier	\$250	30.04%	\$1,000	7.78%	\$500	8.93%	\$2,000	1.20%		
2008	Premier	\$250	30.51%	\$1,000	8.60%	\$500	9.06%	\$2,000	1.26%		
2009	Optimum PPO	\$250	27.18%	\$1,125	10.05%	\$500	8.42%	\$2,250	1.51%		
2010	Optimum PPO	\$300	25.80%	\$1,125	10.89%	\$600	7.05%	\$2,250	1.47%		
2011	Optimum PPO	\$345	25.16%	\$1,295	9.99%	\$690	7.31%	\$2,590	1.36%		
2012	Optimum PPO	\$355	24.87%	\$1,350	9.93%	\$720	5.51%	\$2,700	1.38%		
2013	Optimum PPO	\$370	24.86%	\$1,390	11.11%	\$740	7.64%	\$2,780	1.72%		
2014	LivingWell PPO	\$500	11.04%	\$2,500	3.34%	\$1,000	4.11%	\$3,000	0.40%		

Indiv	Individuals and Families in Select (2007-08) and Maximum Choice (2009-13) and LivingWell CDHP (2014—)										
Individuals Families											
Plan year	Plan Name	Deductible	Percent Meeting Deductible	Max Out of Pocket	Percent Meeting MOOP	Deductible	Percent Meeting Deductible	Max Out of Pocket	Percent Meeting MOOP		
2007	Select	\$2,000	11.72%	\$3,000	3.01%	\$3,000	18.50%	\$4,500	2.61%		
2008	Select	\$2,000	12.81%	\$3,000	3.63%	\$3,000	20.03%	\$4,500	3.91%		
2009	Maximum Choice	\$2,000	14.90%	\$3,000	4.52%	\$3,000	15.96%	\$4,500	3.64%		
2010	Maximum Choice	\$2,000	15.12%	\$3,000	4.91%	\$3,000	16.78%	\$4,500	4.14%		
2011	Maximum Choice	\$2,300	14.60%	\$3,455	4.53%	\$3,455	18.28%	\$5,185	4.37%		
2012	Maximum Choice	\$2,325	14.71%	\$3,550	4.16%	\$3,530	18.82%	\$5,280	3.99%		
2013	Maximum Choice	\$2,450	14.55%	\$3,700	4.04%	\$3,650	19.22%	\$5,400	3.56%		
2014	LivingWell CDHP	\$1,250	28.53%	\$2,500	8.12%	\$2,500	16.41%	\$5,000	1.83%		

Premium (or Premium Equivalent)

The following details the amount of premium* (or premium equivalent) paid by the employee and employer for 2006-2014 and monthly through 2015.

Time Period	Employee Premium Amount	Employer Premium Amount	Total Premium Amount
2006	\$153,787,780	\$948,458,338	\$1,102,246,118
2007	\$167,530,819	\$973,220,791	\$1,140,751,611
2008	\$179,094,322	\$1,039,574,462	\$1,218,668,784
2009	\$210,980,360	\$1,190,104,292	\$1,401,084,653
2010	\$223,160,749	\$1,325,801,265	\$1,548,962,014
2011	\$274,375,886	\$1,324,091,690	\$1,598,467,575
2012	\$271,663,955	\$1,332,767,157	\$1,604,431,112
2013	\$271,156,377	\$1,329,854,915	\$1,601,011,292
2014	\$265,437,387	\$1,348,664,155	\$1,614,101,542
Jan-15	\$21,559,917	\$114,649,814	\$136,209,731
Feb-15	\$21,440,357	\$114,330,256	\$135,770,613

^{*}Premium (or premium equivalent) is based on enrollment using published premium rates—it is NOT based on actual payments received.

The following details the type of prescription filled, the percent that were generic, and the generic efficiency rate for the most recent rolling year. Based on paid claims..

Time Period: Paid Month	Generic	Brand Name, Generic Available	Brand Name	Other*	Total	Scripts Rx % Generic	Scripts Generic Efficiency Rx
Mar 2014	290,618	14,063	41,568	7,799	354,048	82.08%	95.38%
Apr 2014	355,910	17,196	51,389	9,747	434,242	81.96%	95.39%
May 2014	275,654	13,336	39,071	7,638	335,699	82.11%	95.39%
Jun 2014	288,180	13,772	41,941	8,137	352,030	81.86%	95.44%
Jul 2014	341,492	15,802	50,640	9,900	417,834	81.73%	95.58%
Aug 2014	275,701	12,990	40,381	7,985	337,057	81.80%	95.50%
Sep 2014	358,209	21,560	51,554	10,038	441,361	81.16%	94.32%
Oct 2014	286,243	26,295	43,684	8,301	364,523	78.53%	91.59%
Nov 2014	300,685	19,559	43,555	8,179	371,978	80.83%	93.89%
Dec 2014	387,687	19,490	61,969	11,210	480,356	80.71%	95.21%
Jan 2015	322,641	13,498	43,951	8,497	388,587	83.03%	95.98%
Feb 2015	282,478	11,173	34,166	8,247	336,064	84.05%	96.20%

^{*}Includes: Over the Counter (usually items such as diabetic supplies, syringes, and test strips, etc.), Other/Unavailable or Missing (Unable to tag to a specific group.

The following details the number of members and patients utilizing prescription benefits and the associated costs for the most recent rolling year. Based on Incurred Claims.

Time Period	Members	Patients	Scripts	Scripts Per Member	Scripts Per Patient	Allow Amt* Per Script	Net Pay Per Script	Member Cost Per Script	Patient Cost Per Script
Dec 2013	265,605	167,505	436,729	1.64	3.10	\$90.54	\$76.58	\$22.77	\$36.11
Jan 2014	265,466	159,837	375,590	1.41	2.85	\$78.96	\$54.26	\$34.82	\$57.83
Feb 2014	265,323	153,969	349,151	1.31	2.74	\$84.18	\$56.66	\$36.10	\$62.21
Mar 2014	265,323	158,792	383,961	1.44	2.89	\$85.09	\$65.82	\$27.75	\$46.36
Apr 2014	264,823	158,103	374,081	1.41	2.86	\$87.03	\$69.57	\$24.54	\$41.11
May 2014	264,390	157,077	377,258	1.43	2.88	\$88.82	\$72.52	\$23.12	\$38.91
Jun 2014	263,978	155,799	367,184	1.39	2.87	\$92.34	\$76.83	\$21.43	\$36.31
Jul 2014	262,820	158,396	373,229	1.42	2.93	\$93.04	\$78.46	\$20.56	\$34.11
Aug 2014	261,551	156,159	369,429	1.41	2.87	\$87.61	\$73.76	\$19.38	\$32.46
Sep 2014	259,600	158,241	385,257	1.48	2.94	\$88.26	\$75.16	\$19.29	\$31.64
Oct 2014	262,653	170,627	407,287	1.55	2.98	\$87.41	\$74.91	\$19.22	\$29.59
Nov 2014	262,857	159,900	376,791	1.43	2.85	\$86.59	\$74.29	\$17.47	\$28.72

^{*&}quot;Allow Amt" is the amount of submitted charges eligible for payment for all claims. It is the amount eligible after applying pricing guidelines, but before deducting third party, co-payment, coinsurance, or deductible amounts.

The following Top 25 Drug Analysis is based on Rx claims incurred January—November 2014.

	Curr Rank	Product Name	Brand/Generic	Therapeutic Class General	Net Pay Rx	Net Pay Rx as Pct of All Drugs	Scripts Rx	Net Pay Per Day Supply Rx	Patients Rx
1	1	HUMIRA	Single source brand	Immunosuppressants	\$10,546,532.75	3.62%	2,766	\$98.03	527
2	2	NEXIUM	Single source brand	Gastrointestinal Drugs	\$8,993,254.41	3.09%	31,954	\$6.94	6,612
3	3	ENBREL	Single source brand	Immunosuppressants	\$8,205,450.01	2.82%	2,292	\$96.35	432
4	4	CRESTOR	Single source brand	Cardiovascular Agents	\$6,525,818.67	2.24%	36,693	\$4.31	6,663
5	5	HUMALOG	Multisource brand, no generic	Hormones & Synthetic Subst	\$6,523,253.71	2.24%	12,259	\$13.38	2,769
6	6	SOVALDI	Multisource generic	Anti-Infective Agents	\$5,859,416.63	2.01%	205	\$942.63	65
7	7	ABILIFY	Single source brand	Central Nervous System	\$4,529,102.61	1.56%	5,618	\$22.21	1,304
9	8	LANTUS SOLOSTAR	Single source brand	Hormones & Synthetic Subst	\$4,354,674.56	1.50%	10,174	\$10.41	2,220
8	9	COPAXONE	Single source brand	Misc Therapeutic Agents	\$4,334,756.11	1.49%	675	\$145.88	120
17	10	GABAPENTIN	Multisource generic	Central Nervous System	\$3,368,745.38	1.16%	1,353	\$67.16	497
10	11	GILENYA	Single source brand	Misc Therapeutic Agents	\$3,334,864.99	1.15%	434	\$172.86	76
12	12	JANUVIA	Single source brand	Hormones & Synthetic Subst	\$3,258,999.23	1.12%	10,560	\$7.51	2,157
11	13	DULOXETINE	Single source generic	Central Nervous System	\$3,110,182.99	1.07%	21,651	\$4.28	3,818
13	14	STELARA	Multisource generic	Immunosuppressants	\$3,101,965.99	1.07%	254	\$318.67	100
14	15	TECFIDERA	Multisource generic	Misc Therapeutic Agents	\$2,933,056.38	1.01%	470	\$162.17	81
15	16	ANDROGEL	Multisource brand, no	Hormones & Synthetic Subst	\$2,473,451.68	0.85%	5,003	\$14.36	1,206
16	17	CELEBREX	Single source brand	Multiple	\$2,440,984.25	0.84%	9,618	\$6.32	2,254
18	18	LYRICA	Single source brand	Central Nervous System	\$2,131,055.79	0.73%	7,466	\$8.45	1,417
19	19	GLEEVEC	Single source brand	Antineoplastic Agents	\$2,017,854.19	0.69%	161	\$271.44	29
22	20	ONE TOUCH ULTRA	Other/unavailable	Diagnostic Agents	\$1,941,933.34	0.67%	17,571	\$2.76	6,779
23	21	ZETIA	Multisource generic	Cardiovascular Agents	\$1,915,302.70	0.66%	9,851	\$4.53	1,996
24	22	SYMBICORT	Multisource generic	Hormones & Synthetic Subst	\$1,899,471.26	0.65%	8,366	\$5.78	2,977
25	23	LANTUS	Single source brand	Hormones & Synthetic Subst	\$1,880,747.10	0.65%	4,392	\$11.31	925
20	24	DULOXETINE HYDRO- CHLORIDE	Single source generic	Central Nervous System	\$1,846,635.60	0.63%	9,211	\$4.57	2,132
21	25	LEVEMIR FLEXPEN	Single source brand	Hormones & Synthetic Subst	\$1,776,295.11	0.61%	3,753	\$11.28	949

^{*&}quot;Product Name" includes all strengths/formulations of a drug

In summary, the top 25 drugs represent 6.38% of total scripts and 34.15% of total Rx expenditures.

Summary	Net Pay Rx	Scripts Rx	Days Supply Rx
Top Drugs	\$99,368,155	264,082	10,275,442
All Product Names	\$291,010,770	4,139,218	135,100,165
Top Drugs as Pct of All Drugs	34.15%	6.38%	7.61%

Utilization

The top 25 clinical conditions based on incurred claims for January–October 2014.

Prev Rank	Curr Rank	Clinical Condition	Net Pay Med	Net Pay IP Acute	Net Pay OP Med	Admits Per 1000 Acute	Days LOS Admit Acute	Visits Per 1000 Office Med	Visits Per 1000 ER	Patients Med	Net Pay Per Pat Med
1	1	Prevent/Admin HIth Encounters	\$63,543,490	\$405,739	\$63,046,964	0.03	3.13	839.60	0.73	151,095	\$420.55
2	2	Signs/Symptoms/Oth Cond, NEC	\$59,550,199	\$10,699,341	\$46,966,689	2.15	10.40	452.10	12.88	89,201	\$667.60
3	3	Osteoarthritis	\$46,277,207	\$32,372,550	\$13,791,765	4.32	2.49	195.20	0.59	20,174	\$2,293.90
4	4	Gastroint Disord, NEC	\$32,836,840	\$7,416,206	\$25,398,006	1.58	4.47	127.76	19.44	31,181	\$1,053.10
5	5	Chemotherapy Encounters	\$31,618,191	\$3,171,742	\$28,446,449	0.43	6.41	0.91	0.00	615	\$51,411.69
6	6	Coronary Artery Disease	\$31,232,526	\$18,007,133	\$13,206,769	2.41	3.77	36.83	2.98	6,613	\$4,722.90
7	7	Respiratory Disord, NEC	\$29,044,265	\$9,063,761	\$19,831,052	0.53	4.27	71.86	13.61	23,477	\$1,237.14
8	8	Pregnancy w Vaginal Delivery	\$24,320,758	\$24,208,383	\$112,305	7.23	2.36	0.56	0.55	2,907	\$8,366.27
9	9	Spinal/Back Disord, Low Back	\$23,346,255	\$7,585,799	\$15,727,871	0.71	3.65	482.05	4.85	28,770	\$811.48
10	10	Arthropathies/Joint Disord NEC	\$23,164,750	\$2,341,106	\$20,644,368	0.34	2.77	428.00	5.67	48,230	\$480.30
11	11	Condition Rel to Tx - Med/Surg	\$18,330,145	\$12,257,167	\$6,018,540	1.83	4.80	7.90	1.87	3,410	\$5,375.41
12	12	Newborns, w/wo Complication	\$17,691,662	\$17,000,094	\$686,176	10.42	3.22	4.49	0.16	3,008	\$5,881.54
13	13	Infections, NEC	\$16,582,221	\$14,528,273	\$2,013,152	0.15	3.59	68.62	2.12	16,399	\$1,011.17
14	14	Renal Function Failure	\$16,400,432	\$2,691,943	\$13,642,117	0.48	4.54	15.81	0.67	2,827	\$5,801.36
15	15	Cancer - Breast	\$16,233,007	\$1,092,264	\$15,080,957	0.27	3.74	27.62	0.05	2,562	\$6,336.07
17	16	Urinary Tract Calculus	\$13,784,358	\$1,561,038	\$12,213,607	0.63	2.38	16.12	6.07	3,580	\$3,850.38
16	17	Cardiac Arrhythmias	\$13,759,786	\$4,609,348	\$9,111,023	0.88	2.77	35.29	2.58	6,084	\$2,261.63
18	18	Spinal/Back Disord, Ex Low	\$13,449,200	\$3,769,642	\$9,659,925	0.32	5.22	438.79	2.72	21,586	\$623.05
19	19	Cardiovasc Disord, NEC	\$12,884,114	\$1,853,368	\$11,021,731	0.53	4.07	44.18	9.31	13,189	\$976.88
20	20	Cholecystitis/Cholelithiasis	\$12,401,204	\$3,299,518	\$9,101,675	0.91	3.68	4.56	1.74	1,984	\$6,250.61
21	21	Diabetes	\$11,833,017	\$2,966,155	\$8,821,274	1.15	5.23	197.61	1.58	23,785	\$497.50
22	22	Cerebrovascular Disease	\$10,983,114	\$7,110,035	\$3,737,780	1.31	4.90	10.21	1.77	2,716	\$4,043.86
23	23	Fracture/Disloc - Upper Extrem	\$10,650,569	\$1,532,763	\$9,097,355	0.20	3.75	58.48	7.14	6,319	\$1,685.48
25	24	Infec/Inflam - Skin/Subcu Tiss	\$9,974,577	\$2,928,356	\$6,962,591	1.14	4.35	236.72	4.69	42,248	\$236.10
24	25	Overweight/Obesity	\$9,908,563	\$7,453,878	\$2,439,620	1.50	1.88	18.52	0.02	3,854	\$2,570.98

NOTE: Medical payments represent only the payments made for the specified condition.

<u>**Utilization**</u> (continued)

In Summary, the top clinical conditions represent more than 58.65% of total paid claims for all clinical conditions.

Summary	Net Pay Med	Net Pay IP Acute	Net Pay OP Med	Admits Per 1000 Acute	Days LOS Admit Acute	Visits Per 1000 Office Med	Visits Per 1000 ER
Top Clinical Conditions	\$569,800,451	\$199,925,601	\$366,779,759	41.47	3.69	3,819.76	103.82
All Clinical Conditions	\$971,494,102	\$314,094,292	\$651,772,306	72.24	4.11	7,398.88	219.28
Top Clinical Conditions as Pct of All Clinical Conditions	58.65%	63.65%	56.27%	57.41%	89.93%	51.63%	47.34%

Claims Lag Analysis

The following claims lag information is based on medical claims (does not include Rx) incurred January–November 2014.

Plan	Number of Medical Claims	Avg Days Lag Per Claim	% Claims Paid Within 30 Days	% Claims Paid Within 60 Days	% Claims Paid Within 90 Days
LivingWell CDHP	2,633,045	22.1	83.15%	92.21%	95.18%
LivingWell PPO	4,041,193	23.9	79.29%	91.24%	95.00%
Standard CDHP	333,463	25.4	79.72%	90.66%	94.05%
Standard PPO	395,445	25.3	77.48%	90.30%	94.50%
~Missing	50,141	32.3	71.63%	86.98%	92.28%
All Plans	7,590,497	23.9	79.95%	91.24%	94.87%

^{*}Missing means the claims could not be tagged to a specific plan.

Claims Lag Analysis (continued)

The following claims lag information is based on all claims (Medical and Rx) incurred and paid during the most recent rolling year.

	Month Paid						
Service Month	Mar-14	Apr-14	May-14	Jun-14	Jul-14	Aug-14	
Dec 2013	\$4,189,231.06	\$2,253,529.31	\$2,507,804.02	\$615,784.36	\$197,555.13	\$324,570.41	
Jan 2014	\$11,663,326.40	\$5,188,550.40	\$1,982,019.33	\$1,200,192.86	\$16,078.54	-\$54,630.75	
Feb 2014	\$39,168,769.01	\$9,891,230.94	\$2,774,962.38	\$2,110,121.29	\$445,269.03	\$787,076.37	
Mar 2014	\$47,664,149.26	\$44,651,836.72	\$10,522,330.82	\$3,802,229.49	\$1,167,345.97	\$861,821.18	
Apr 2014	\$0.00	\$55,341,562.04	\$38,604,981.84	\$12,101,732.96	\$3,238,362.39	\$1,733,618.35	
May 2014	\$0.00	\$0.00	\$51,683,081.30	\$39,744,913.64	\$11,875,540.07	\$4,604,357.20	
Jun 2014	\$0.00	\$0.00	\$0.00	\$52,480,629.80	\$46,567,315.28	\$11,811,747.01	
Jul 2014	\$0.00	\$0.00	\$0.00	\$0.00	\$62,401,400.22	\$43,846,858.33	
Aug 2014	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$55,697,718.87	
Sep 2014	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	
Oct 2014	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	
Nov 2014	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	

	Month Paid						
Service Month	Sep-14	Oct-14	Nov-14	Dec-14	Jan-15	Feb-15	
Dec 2013	\$197,385.79	\$41,744.14	\$473,928.61	(\$36,357.14)	\$3,474.67	(\$38,323.57)	
Jan 2014	\$360,237.30	\$17,370.34	\$4,305.71	(\$182,474.01)	(\$14,734.10)	(\$68,489.43)	
Feb 2014	\$240,275.34	(\$105,004.91)	\$302,959.39	(\$148,545.74)	(\$1,905,778.40)	\$5,018.95	
Mar 2014	\$349,759.11	\$589,706.53	\$115,080.49	\$102,706.36	\$316,658.88	(\$238,955.15)	
Apr 2014	\$1,163,138.37	\$426,272.36	\$198,132.92	(\$113,972.33)	\$259,705.02	\$23,385.88	
May 2014	\$2,724,918.67	\$1,163,558.69	\$194,276.34	\$55,641.95	\$51,074.84	\$201,995.04	
Jun 2014	\$5,333,692.41	\$2,897,616.62	\$554,834.50	\$447,796.18	\$216,507.24	\$168,983.53	
Jul 2014	\$13,531,629.96	\$5,088,775.76	\$1,881,529.47	\$165,796.92	\$186,675.29	\$144,599.78	
Aug 2014	\$45,066,045.63	\$11,320,633.53	\$3,715,142.80	\$1,474,277.88	\$86,623.77	\$453,016.11	
Sep 2014	\$61,152,026.72	\$46,683,925.17	\$8,351,739.82	\$2,637,273.73	\$945,240.75	\$321,651.59	
Oct 2014	\$0.09	\$68,103,824.12	\$48,196,996.89	\$11,505,659.91	\$3,128,301.26	\$1,530,472.61	
Nov 2014	\$0.00	\$0.00	\$58,586,529.06	\$48,132,772.76	\$8,667,286.29	\$1,978,498.31	

Claims Distribution Based on Age/Gender

The following is based on claims incurred January–November 2014.

		Female		Male				
Age Group	Members Avg	Net Pay Med and Rx	Net Pay Per Member	Members Avg	Net Pay Med and Rx	Net Pay Per Member		
Ages 1-4	5,347	\$7,251,124.36	\$1,356.16	5,699	\$12,253,386.40	\$2,150.02		
Ages 5-9	7,747	\$8,326,316.32	\$1,074.85	7,947	\$9,792,853.05	\$1,232.29		
Ages 10-14	8,541	\$13,858,531.59	\$1,622.61	8,961	\$14,537,977.51	\$1,622.31		
Ages 15-17	5,578	\$11,097,895.76	\$1,989.76	5,838	\$11,940,793.43	\$2,045.46		
Ages 18-19	3,742	\$11,256,652.68	\$3,007.95	3,883	\$6,588,152.75	\$1,696.67		
Ages 20-24	9,274	\$24,960,818.55	\$2,691.43	8,705	\$14,879,515.41	\$1,709.27		
Ages 25-29	8,403	\$30,169,100.88	\$3,590.28	4,681	\$8,797,622.27	\$1,879.43		
Ages 30-34	10,004	\$39,756,189.89	\$3,974.23	5,437	\$12,991,090.65	\$2,389.43		
Ages 35-39	10,794	\$43,931,040.82	\$4,069.91	6,041	\$17,417,177.96	\$2,883.21		
Ages 40-44	12,964	\$58,440,339.05	\$4,508.00	7,241	\$26,786,784.51	\$3,699.58		
Ages 45-49	13,754	\$73,079,310.93	\$5,313.39	8,111	\$36,918,747.82	\$4,551.91		
Ages 50-54	16,013	\$99,721,080.58	\$6,227.47	9,477	\$58,479,745.75	\$6,170.51		
Ages 55-59	18,760	\$139,899,034.67	\$7,457.30	11,086	\$83,522,962.08	\$7,534.03		
Ages 60-64	20,195	\$168,564,712.31	\$8,346.73	12,629	\$123,696,014.63	\$9,794.37		
Ages 65-74	2,490	\$25,236,593.45	\$10,136.40	1,760	\$24,273,992.90	\$13,790.47		
Ages 75-84	132	\$2,970,528.51	\$22,436.02	147	\$2,985,359.11	\$20,294.76		
Ages 85+	11	\$939,207.65	\$87,776.42	7	\$809,416.28	\$120,808.40		
~Missing	0	\$0.00	\$0.00	0	\$0.00	\$0.00		

Allowed Amount Distribution

The following table shows the distribution of members for whom the amounts of charges within the specified ranges were allowed. The data appears for the years of 2006—2013 and year to date for 2014.

Allowed Amount	2006	2007	2008	2009	2010	2011	2012	2013	2014
less than 0.00	9	16	27	22	42	63	105	5,819	10
\$0.00 - \$499.99	54,058	53,891	53,571	53,160	57,392	58,044	60,352	61,982	71,962
\$500.00 - \$999.99	32,931	33,830	34,248	34,982	34,386	36,012	36,454	37,460	40,208
\$1,000.00 - \$1,999.99	40,360	42,464	42,360	43,452	42,988	44,147	44,301	44,165	43,097
\$2,000.00 - \$4,999.99	54,430	56,819	58,612	59,566	60,341	60,339	60,138	58,186	50,407
\$5,000.00 - \$9,999.99	30,373	32,271	34,487	35,696	36,028	36,375	36,022	34,703	27,581
\$10,000.00 - \$14,999.99	10,608	11,983	13,272	14,198	14,874	15,009	15,271	14,914	11,635
\$15,000.00 - \$19,999.99	4,726	5,470	6,332	6,849	7,184	7,339	7,653	7,660	6,085
\$20,000.00 - \$29,999.99	4,284	5,050	5,930	6,475	6,960	7,131	7,115	7,358	5,685
\$30,000.00 - \$49,999.99	2,844	3,268	3,820	4,451	4,935	5,155	5,305	5,435	4,659
\$50,000.00 - \$74,999.99	1,090	1,306	1,492	1,773	2,022	2,256	2,392	2,535	2,202
\$75,000.00 - \$99,999.99	465	536	589	688	829	839	914	1,019	884
\$100,000.00 - \$149,999.99	354	406	499	545	651	707	789	806	739
\$150,000.00 - \$199,999.99	117	160	194	203	225	274	296	359	313
\$200,000.00 - \$249,999.99	60	81	83	116	117	118	136	141	162
over \$249,999.99	99	127	152	166	196	259	268	296	267
Total	236,808	247,678	255,668	262,342	269,170	274,067	277,511	282,838	265,896

Summary of Enrollment and Claims

The following provides a summary of members, incurred medical claims, and incurred Rx claims for the most recent rolling year.

Time Period	Members	Net Pay Med and Rx	Net Pay Med	Net Pay Rx	Claims Paid	Claims Paid Med	Scripts Rx
Dec 2013	265,605	\$149,774,937.89	\$116,332,287.77	\$33,442,650.12	783,951	329,734	436,729
Jan 2014	265,466	\$97,036,887.58	\$76,658,450.61	\$20,378,436.97	691,444	294,409	375,590
Feb 2014	265,323	\$94,824,991.17	\$75,043,034.34	\$19,781,956.83	634,888	269,566	349,151
Mar 2014	265,323	\$109,904,669.66	\$84,633,911.59	\$25,270,758.07	687,037	286,389	383,961
Apr 2014	264,823	\$112,976,919.80	\$86,952,914.31	\$26,024,005.49	684,453	293,945	374,081
May 2014	264,390	\$112,299,357.74	\$84,942,261.71	\$27,357,096.03	670,664	276,190	377,258
Jun 2014	263,978	\$120,479,122.57	\$92,267,564.49	\$28,211,558.08	671,368	286,944	367,184
Aug 2014	261,551	\$117,813,458.59	\$90,565,846.08	\$27,247,612.51	661,149	275,788	369,429
Jul 2014	262,820	\$127,247,265.73	\$97,965,501.45	\$29,281,764.28	700,434	309,619	373,229
Sep 2014	259,600	\$120,091,857.78	\$91,137,024.64	\$28,954,833.14	686,494	285,281	385,257
Oct 2014	262,653	\$132,465,254.88	\$101,955,617.10	\$30,509,637.78	750,735	326,273	407,287
Nov 2014	262,857	\$117,365,086.42	\$89,371,975.82	\$27,993,110.60	668,383	276,162	376,791

NOTE: Includes run out data from all Carriers

The following illustrates the change in incurred claims (includes medical and Rx) by rolling year.

Time Period	Members	Total Medical and Rx Claims	Total Medical Claims	Total Rx Claims
Dec 2012 - Nov 2013	267,413	\$1,534,853,575	\$1,188,546,424	\$346,307,150
Dec 2013 - Nov 2014	264,090	\$1,417,575,611	\$1,093,122,191	\$324,453,420
% Change (Roll Yrs)	-1.20%	-7.60%	-8.00%	-6.30%